

## Section 232 Sub-Rehabilitation

### Final Firm Application Submission Checklist

#### Firm Application Checklist

#### Section 232 – Substantial Rehabilitation

U.S. Department of Housing and  
Urban Development  
Office of Healthcare Programs

OMB Approval No. 9999-9999  
(exp. mm/dd/yyyy)

#### Two Stage – Final (Amended & Restated) Submission

**Public reporting** burden for this collection of information is estimated to average 1 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. No confidentiality is assured.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Project Name: _____
Project Number: _____

#### SUBMISSION REQUIREMENTS:

- Send one electronic (CD, flash drive, etc.) copy of all the documents identified in the table below to the assigned OHP staff member identified by HUD in Email Blast for receipt of the Firm Application submission.
- OHP will email you with the instructions for sending hard copies.

No.	Item	N/A	Incl.
Section 1: Underwriting			
1-1.	A. Intentionally Omitted <sup>1</sup> B. Intentionally Omitted C. Completed Firm Application Checklist <del>C-D.</del> Certification for Electronic Submittal Document		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1-2.	Lender's Underwriting Narrative for Final Submission <sup>2</sup> <i>(Submit electronic version as a pdf and as a word document)</i>		<input type="checkbox"/>
1-3.	HUD Underwriting Forms <i>(signed and dated by the Lender)</i> A. HUD-92264-HCF, Health Care Summary Appraisal Report 1. Operating Deficit Calculation 2. Listing of Mortgagor's Other Fees 3. Listing of Contractor's Other Fees B. HUD-92264-T, Rent Estimates for Low/Moderate Income Units (if applicable) <del>C.</del> HUD-92264-A, Supplement to Project Analysis • <del>Criterion 11, Amount based on Deduction of Grant(s), Loan(s) and Gift(s) (if applicable)</del>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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No.	Item	N/A	Incl.
	D.C. HUD-92438, Underwriting Summary Report		
1-4.	Amendment to Firm Commitment Amended and Restated (DRAFT) (including <sup>3</sup> (Submit electronic version as a Word document) (Note: "Exhibit A," "Exhibit B," etc. must be displayed at the top of each exhibit to the Firm Commitment) A. Special Conditions, if Applicable B. Exhibit A, Legal Description C. Exhibit B, Index to Drawing and Specifications D. Exhibit C, List of Major Movables E. Exhibit D, Reserve for Replacement Funding Schedule	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1-5.	HUD-92329, Property Insurance Schedule		<input type="checkbox"/>
1-6.1-5.	Property Insurance Requirements A. HUD-92447, Property Insurance Requirements Update and Additional Property Insurance Requirements (Appendix 2, H 01-03) Requirement		<input type="checkbox"/> <input type="checkbox"/>
1-7.1-6.	Lender's Consolidated Certification		<input type="checkbox"/>
1-8.1-7.	Contact List		<input type="checkbox"/>
1-8.	Copies of any email guidance provided by HUD on this project before the submittal.		<input type="checkbox"/>
1-9.	Waiver Requests (use form HUD-2, Request for Waiver of Housing Directive)	<input type="checkbox"/>	<input type="checkbox"/>
Section 2: Third Party Reports <sup>4</sup>			
2-1.	Appraisal Update (if required)	<input type="checkbox"/>	<input type="checkbox"/>
2-2.	Market Study Updated (if required)	<input type="checkbox"/>	<input type="checkbox"/>
2-3.	Intentionally Omitted		
2-4.	Architectural Analyst Report A. Inspection Report B. Seismic Analysis (if applicable) C. Engineer & Specialty Reports (if applicable)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2-5	Construction Cost Analyst Report		<input type="checkbox"/>
2-6	Intentionally Omitted		
Only complete sections 3 through 7 if there are entities/principals that were not previously approved by HUD at the Initial Submittal stage.			
Section 3: Mortgagor			
3-1.	Organizational Chart		<input type="checkbox"/>
3-2.	Organizational Documents <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		

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No.	Item	N/A	Incl.
	<u>A. Articles of Incorp.</u> <u>B. Bylaws</u>  <u>C. Authoriz'g Resolution</u>	<u>A. Partnership Agreem't</u> <u>B. Cert. of Partnership</u> <u>C. Authoriz'g Resolution</u>	<u>A. Articles of Organiz'n</u> <u>B. Operating Agreement</u> <u>C. Authoriz'g Resolution</u>
<u>3-3.</u>	2530/APPS: A. Paper 2530: 1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) 2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. ( <a href="http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm">http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm</a> ) <b>OR</b> B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)		
<u>3-4.</u>	Mortgagor's Consolidated Certification		
<u>3-5.</u>	Credit Report		
<u>3-6.</u>	Financial Statements – Year-to-Date <sup>5</sup> A. Balance Sheet 1. Aging of Accounts Receivable 2. Aging of Notes Receivable 3. Schedule of Pledged Assets 4. Schedule of Marketable Securities 5. Schedule of Accounts Payable 6. Schedule of Notes and Mortgages Payable 7. Schedule of Legal Proceedings B. Financial Statement Certification		
<b>Section 4: Principal of Mortgagor (complete for each principal)<sup>6</sup> List Principal Here</b>			
<u>4-1.</u>	Organizational Chart (if applicable)		
<u>4-2.</u>	Organizational Documents <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <u>A. Articles of Incorp.</u> <u>B. Bylaws</u>  <u>C. Authoriz'g Resolution</u>	<u>A. Partnership Agreem't</u> <u>B. Cert. of Partnership</u> <u>C. Authoriz'g Resolution</u>	<u>A. Articles of Organiz'n</u> <u>B. Operating Agreement</u> <u>C. Authoriz'g Resolution</u>
<u>4-3.</u>	Resume/Evidence that individual or entity is qualified		
<u>4-4.</u>	2530/APPS: A. Paper 2530: 1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation		

No.	Item	N/A	Incl.
	for signature authority to sign for other principals with same participation)	<input type="checkbox"/>	<input type="checkbox"/>
	2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. ( <a href="http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm">http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm</a> )	<input type="checkbox"/>	<input type="checkbox"/>
	<b>OR</b> B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)		
4-5.	Principal of Mortgagor Consolidated Certification		<input type="checkbox"/>
4-6.	Credit Report		<input type="checkbox"/>
	A. Principal of Mortgagor <sup>7</sup>		<input type="checkbox"/>
	B. Sampling of Principal's Other Business Concerns	<input type="checkbox"/>	<input type="checkbox"/>
4-7.	Financial Statements – Year-to-Date <sup>5/8</sup>		<input type="checkbox"/>
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Financial Statement Certification		<input type="checkbox"/>
4-1-4-8.	Market Study Update (if required) Financial Statements – FY 20XX <sup>10</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	A.C. Financial Statement Certification		<input type="checkbox"/>
4-2-4-9.	Financial Statements – FY 20XX <sup>10</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification		<input type="checkbox"/>
	<b>Intentionally Omitted</b>		

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No.	Item	N/A	Incl.
4-3.4-10.	Financial Statements – FY 20XX <sup>10</sup> A. Balance Sheet 1. Aging of Accounts Receivable 2. Aging of Notes Receivable 3. Schedule of Pledged Assets 4. Schedule of Marketable Securities 5. Schedule of Accounts Payable 6. Schedule of Notes and Mortgages Payable 7. Schedule of Legal Proceedings B. Income and Expense Statement C. Financial Statement Certification <del>Architectural Analyst Report</del> Engineer & Specialty Reports (if applicable)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4-11.	Personal Financial Statements (HUD 92417) ( <i>To be completed by individuals</i> ) <sup>8</sup>		
<b>Section 5: Operator (Lessee)</b>		<input type="checkbox"/>	
5-1.	Organizational Chart		<input type="checkbox"/>
5-2.	Organizational Documents <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <u>A. Articles of Incorpor.</u> <u>A. Partnership Agreem't</u> <u>A. Articles of Organiz'n</u> <u>B. Bylaws</u> <u>B. Cert. of Partnership</u> <u>B. Operating Agreement</u> <u>C. Authoriz'g Resolution</u> <u>C. Authoriz'g Resolution</u> <u>C. Authoriz'g Resolution</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5-3.	A. Resume/Evidence that individual or entity is qualified B. Schedule of Facilities Owned, Operated or Managed		<input type="checkbox"/> <input type="checkbox"/>
5-4.	2530/APPS: <sup>9</sup> A. Paper 2530: 1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) 2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. ( <a href="http://www.hud.gov/offices/hsg/mfh/apps/appsmfhtm.cfm">http://www.hud.gov/offices/hsg/mfh/apps/appsmfhtm.cfm</a> ) <b>OR</b> B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5-5.	Operator's Consolidated Certification		<input type="checkbox"/>
5-6.	Credit Report A. Operator (Lessee)		<input type="checkbox"/>

No.	Item	N/A	Incl.
	B. Sampling of Operator's Other Business Concerns	<input type="checkbox"/>	<input type="checkbox"/>
	C. Senior officers of the operator	<input type="checkbox"/>	<input type="checkbox"/>
	D. Any stockholder with a 25 percent or more interest in the operator	<input type="checkbox"/>	<input type="checkbox"/>
5-7.	Financial Statements – Year-to-Date <sup>5</sup>		
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification		<input type="checkbox"/>
5-1-5-8.	Construction Cost Analyst Report Financial Statements – FY 20XX <sup>10</sup>	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification		<input type="checkbox"/>
5-9.	Financial Statements – FY 20XX <sup>10</sup>	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification		<input type="checkbox"/>
5-10.	Financial Statements – FY 20XX <sup>10</sup>	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>

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No.	Item	N/A	Incl.
	6. <u>Schedule of Notes and Mortgages Payable</u>	<input type="checkbox"/>	<input type="checkbox"/>
	7. <u>Schedule of Legal Proceedings</u>	<input type="checkbox"/>	<input type="checkbox"/>
	B. <u>Income and Expense Statement</u>		<input type="checkbox"/>
	C. <u>Financial Statement Certification</u>		<input type="checkbox"/>
5-11.	A. <u>Operating Lease with HUD Addendum</u>	<input type="checkbox"/>	<input type="checkbox"/>
	B. <u>Memorandum of Lease</u>	<input type="checkbox"/>	<input type="checkbox"/>
	C. <u>Subordination, Non-Disturbance &amp; Attornment Agreement (SNDA) (if applicable for non-related owner and operator)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	D. <u>Estoppel Certification</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 6: Parent of Operator</b>		<input type="checkbox"/>	
6-1.	<u>Organizational Chart</u>		<input type="checkbox"/>
6-2.	<u>Organizational Documents</u>		
	<input type="checkbox"/> <u>Corporation</u> <input type="checkbox"/> <u>Partnership</u> <input type="checkbox"/> <u>LLC</u>		
	A. <u>Articles of Incorp.</u> A. <u>Partnership Agreeem't</u> A. <u>Articles of Organiz'n</u>		<input type="checkbox"/>
	B. <u>Bylaws</u> B. <u>Cert. of Partnership</u> B. <u>Operating Agreement</u>		<input type="checkbox"/>
	C. <u>Authoriz'g Resolution</u> C. <u>Authoriz'g Resolution</u> C. <u>Authoriz'g Resolution</u>		<input type="checkbox"/>
6-3.	A. <u>Resume/Evidence that individual or entity is qualified</u>		<input type="checkbox"/>
	B. <u>Schedule of Facilities Owned, Operated or Managed</u>		<input type="checkbox"/>
6-4.	<u>2530's/APPS Not Applicable to Parent of Operator</u>	<input checked="" type="checkbox"/>	
6-5.	<u>Parent of Operator's Consolidated Certification</u>		<input type="checkbox"/>
6-6.	<u>Credit Report</u>		
	A. <u>Parent of Operator</u>		<input type="checkbox"/>
	B. <u>Sampling of Parent of Operator's Other Business Concerns</u>	<input type="checkbox"/>	<input type="checkbox"/>
6-7.	<u>Financial Statements – Year-to-Date<sup>5</sup></u>		
	A. <u>Balance Sheet</u>		<input type="checkbox"/>
	1. <u>Aging of Accounts Receivable</u>	<input type="checkbox"/>	<input type="checkbox"/>
	2. <u>Aging of Notes Receivable</u>	<input type="checkbox"/>	<input type="checkbox"/>
	3. <u>Schedule of Pledged Assets</u>	<input type="checkbox"/>	<input type="checkbox"/>
	4. <u>Schedule of Marketable Securities</u>	<input type="checkbox"/>	<input type="checkbox"/>
	5. <u>Schedule of Accounts Payable</u>	<input type="checkbox"/>	<input type="checkbox"/>
	6. <u>Schedule of Notes and Mortgages Payable</u>	<input type="checkbox"/>	<input type="checkbox"/>
	7. <u>Schedule of Legal Proceedings</u>	<input type="checkbox"/>	<input type="checkbox"/>
	B. <u>Income and Expense Statement</u>		<input type="checkbox"/>
	C. <u>Financial Statement Certification</u>		<input type="checkbox"/>
6-8.	<u>Financial Statements – FY 20XX<sup>10</sup></u>	<input type="checkbox"/>	
	A. <u>Balance Sheet</u>		<input type="checkbox"/>
	1. <u>Aging of Accounts Receivable</u>	<input type="checkbox"/>	<input type="checkbox"/>
	2. <u>Aging of Notes Receivable</u>	<input type="checkbox"/>	<input type="checkbox"/>
	B. <u>Income and Expense Statement</u>	<input type="checkbox"/>	<input type="checkbox"/>
	C. <u>Financial Statement Certification</u>	<input type="checkbox"/>	<input type="checkbox"/>

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Revision Date: 01/11/2009 Page  
Previous versions obsolete Page 9 of 17  
form HUD-9XXXXOHP (mm/dd/yyyy)

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No.	Item	N/A	Incl.
10-6.	<del>Budgets: (each including census mix and occupancy assumptions) A. Stabilized Operating budget (12 months) Initial Lease Up budget (monthly, initial occupancy to stabilized occupancy) Actuarial study, most recent<sup>18</sup> (if applicable) <i>Note: This information is considered proprietary and is exempt from Freedom of Information Act requests.</i></del>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9-1.—	Staffing schedule (including job titles, salaries, and full time equivalents (FTE))	<input type="checkbox"/>	<input type="checkbox"/>
9-2.—	Reimbursement A. Application for Medicare Provider Agreement B. Application for Medicaid Provider Agreement	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9-3.—	Intentionally Omitted	<input type="checkbox"/>	<input type="checkbox"/>
9-4.—	Intentionally Omitted	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 10: Professional Liability Insurance (PLI)</b>			
10-1.—	<del>Schedule of Facilities Covered by PLI Policy.</del>	<input type="checkbox"/>	<input type="checkbox"/>
10-2.—	<del>State licensing inspection reports, most recent, for all facilities identified on insured's Schedule of Facilities Owned, Operated or Managed.</del>	<input type="checkbox"/>	<input type="checkbox"/>
10-3.—	<del>Loss history (N/A if subject will be the only facility on the policy)</del>	<input type="checkbox"/>	<input type="checkbox"/>
10-4.—	<del>Potential claims certification (N/A if subject will be the only facility on the policy)</del>	<input type="checkbox"/>	<input type="checkbox"/>
10-5.—	<del>This item intentionally omitted</del>	<input type="checkbox"/>	<input type="checkbox"/>
10-6.—	<del>Evidence of anticipated PLI cost</del>	<input type="checkbox"/>	<input type="checkbox"/>
10-7.—	<del>Evidence of Proposed Insurer's Rating</del>	<input type="checkbox"/>	<input type="checkbox"/>
10-8.—	<del>Actuarial study, most recent<sup>19</sup> (if applicable)</del>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 11: Additional Funding Sources</b>			
11-1	Grants and/or Loan • Commitment letter (specifying amount, intended use, conditions)	<input type="checkbox"/>	<input type="checkbox"/>
11-2	Bond Financing • Itemized costs of issuance, discounts and financing fees to be paid out of pocket by mortgagor and explanation regarding the necessity of each cost.	<input type="checkbox"/>	<input type="checkbox"/>
11-3	Tax Credits A. Letter of commitment from tax credit syndicator or investor (specifying equity amount and pay-in schedule) B. Acknowledgment/Release (Addendum 9 of HUD Notice H 95-4) C. Reservation, executed copy D. Source and Use Statement (Addendum 4 of HUD Notice H 95-4) E. HUD-2880, Applicant/Recipient Disclosure/Update Report F. Bridge Loan agreements G.F. Subsidy layering review (if applicable)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Section 12: Accounts Receivable Financing Documents</b>			
12-1	Revolving Loan Note	<input type="checkbox"/>	<input type="checkbox"/>
12-2	AR Loan Agreement and All Amendments	<input type="checkbox"/>	<input type="checkbox"/>
12-3	Lessee Security Agreement with FHA Lender	<input type="checkbox"/>	<input type="checkbox"/>
12-4	UCC-1 Filings and UCC Searches (all)	<input type="checkbox"/>	<input type="checkbox"/>

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No.	Item	N/A	Incl.
<u>12-5</u>	Guarantees (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
<u>12-6</u>	Cash Flow Chart	<input type="checkbox"/>	<input type="checkbox"/>
<u>12-7</u>	Intercreditor Agreement (ICA) between A/R Lender and FHA Lender	<input type="checkbox"/>	<input type="checkbox"/>
<u>12-8</u>	HUD Rider to Intercreditor Agreement	<input type="checkbox"/>	<input type="checkbox"/>
<u>12-9</u>	AR Lender Lock-box Agreement or equivalent control agreement	<input type="checkbox"/>	<input type="checkbox"/>
<u>12-10</u>	Accounts Receivable Financing Certifications (Format posted to HUD.GOV)	<input type="checkbox"/>	<input type="checkbox"/>
<u>12-11</u>	Security Agreement with AR Lender and Amendments	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 4213: Contractor</b>			
<u>13-1</u>	This Item Intentionally Omitted	<input type="checkbox"/>	<input type="checkbox"/>
<u>13-2</u>	This Item Intentionally Omitted	<input type="checkbox"/>	<input type="checkbox"/>
<u>13-3</u>	Resume or AIA A305, Contractor's Qualification Statement	<input type="checkbox"/>	<input type="checkbox"/>
<u>13-4</u>	<p><u>APPS Certification</u> 2530/APPS:</p> <p>A. Paper 2530:</p> <p>1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity &amp; if applicable, with documentation for signature authority to sign for other principals with same participation)</p> <p>2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. (<a href="http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm">http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm</a>)</p> <p><b>OR</b></p> <p>B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity &amp; if applicable, with documentation for signature authority to sign for other principals with same participation)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<u>13-5</u>	Contractor's Consolidated Certification	<input type="checkbox"/>	<input type="checkbox"/>
<u>13-6</u>	Credit Report	<input type="checkbox"/>	<input type="checkbox"/>
	A. Contractor	<input type="checkbox"/>	<input type="checkbox"/>
	B. Sampling of Contractor's Other Business Concerns	<input type="checkbox"/>	<input type="checkbox"/>
<u>13-7</u>	Financial Statements – Year-to-Date <sup>20</sup> Date <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	8. SCHEDULE OF WORK IN PROGRESS	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement	<input type="checkbox"/>	<input type="checkbox"/>
	C. Financial Statement Certification	<input type="checkbox"/>	<input type="checkbox"/>
<u>13-8</u>	Financial Statements – FY 2009 <sup>21</sup> 20XX <sup>10</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>

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No.	Item	N/A	Incl.
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification		<input type="checkbox"/>
<u>13-9</u>	Financial Statements – FY <del>2008</del> <sup>6</sup> <u>20XX</u> <sup>10</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification		<input type="checkbox"/>
<u>13-10</u>	Financial Statements – FY <del>2007</del> <sup>6</sup> <u>20XX</u> <sup>10</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	B. Schedule of Legal Proceedings		<input type="checkbox"/>
	C. Income and Expense Statement		<input type="checkbox"/>
	D. Financial Statement Certification		<input type="checkbox"/>
<b>Section <del>13</del>14: Construction and Architectural Documents</b>			
<u>14-1</u>	Plans <sup>22</sup> (to include separate plans for Offsite Construction)	<input type="checkbox"/>	<input type="checkbox"/>
<u>14-2</u>	A. Full Specifications <sup>22</sup> ; B. Division I of the Specifications (which includes the wage decision and HUD-2554, Supplementary Conditions, <u>all in one document</u> )	<input type="checkbox"/>	<input type="checkbox"/>
<u>14-3</u>	State Licensing Approval of Plans <sup>23</sup>	<input type="checkbox"/>	<input type="checkbox"/>
<u>14-4</u>	Soils Report and Foundation Analysis ( <u>required if footprint is being altered</u> )	<input type="checkbox"/>	<input type="checkbox"/>
<u>14-5</u>	HUD-2328, Contractor's and/or Mortgagor's Cost Breakdown		<input type="checkbox"/>
<u>14-6</u>	Major Moveable Equipment Schedule and Budget A. Schedule and budget for new equipment B. Schedule and values for existing equipment	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<u>14-7</u>	Construction Progress Schedule per AIA A201 <sup>24</sup>		<input type="checkbox"/>
<u>14-8</u>	Assurance of Completion <sup>25</sup>		<input type="checkbox"/>

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No.	Item	N/A	Incl.
	<ul style="list-style-type: none"> <li>Commitment Letter from Surety or</li> <li>Commitment Letter from Bank for Letter of Credit</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14-9	Owner-Architect Agreement on AIA Form B181 and Amendments A. Design and Supervisory Architect B. Design architect only C. Supervisory Architect only D. Other(s)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14-10	Information regarding offsite storage of approved building materials, if applicable <sup>26</sup>	<input type="checkbox"/>	<input type="checkbox"/>
14-11	Design Architect Certification		<input type="checkbox"/>
Section 14: Early Commencement of Construction <sup>15</sup>	Other-	<input type="checkbox"/>	<input type="checkbox"/>
14-1-	Intentionally Omitted		

Inserted Cells

Submission of DRAFT Closing documents with the final submission is encouraged.

## Supplemental Checklists

Check all those that apply:

<input type="checkbox"/> Mortgagor	Ownership change; principal not previously approved by HUD.
<input type="checkbox"/> Principal(s) of the Mortgagor	Ownership change; principal(s) not previously approved by HUD.
<input type="checkbox"/> Operator	Operator change; not previously approved by HUD.
<input type="checkbox"/> Parent of the Operator	Operator change; not previously approved by HUD.
<input type="checkbox"/> Management Agent	Management Agent change; not previously approved by HUD.

- 1 - Please have check include reference to project name, location, mortgagee number, and purpose – FHA application fee.
- 2 - Lender shall not make any alterations to the narrative format. If a particular section does not apply within the narrative, it should specifically be noted as NOT APPLICABLE.
- 3 - Microsoft Word version of Draft Firm Commitment is to be provided electronically
- 4 - Appraisal and Market Study reports must be submitted within 120 calendar days of the date of the inspection. The Phase I Environmental report must be submitted within 180 calendar days of the date of the date of inspection.
- 5 - Year-to-date statements: No more than 3 months can have expired since the closing date of the latest unaudited statement. No more than 6 months can have passed since the statements were audited by a CPA/IPA. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that financial statement.
- 6 - This section of the checklist needs to be completed separately for each principal. The Lender should add a new section and label it with the name of each principal.
- 7 - If a principal is a business entity (i.e. corporation, partnership) with an operating history, a credit report will be required only on the business firm, not the owners of the firm.
- 8 For New Construction, Substantial Rehabilitation, and Blended Rate projects the firm commitment application must include the last three full years and year-to-date financial statements for the party who will be responsible for providing the financial requirements for closing and beyond. The Lender Narrative must also include a discussion on the available working capital of this party and their ability to support the project over the long term. In cases where a group of individuals come together on one project to meet the cash requirement a full year HUD-92417 on each will be satisfactory.
- 9 - Previous Participation for principals of the Operator and the Management Agent may also be required.
- 10 - Fill in the year for the financial statements being provided. Business entities must submit financial statements and supporting documents for the lesser of the last 3 years or the length of existence. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that statement.
- 11 - See Matrix below to determine which items in this Section need to be provided with the application:

Scenario #	Description of Participant Roles	Checklist Items to complete
1	Mortgagor is Owner/Operator. One entity	Nothing from Section 7
2	Mortgagor has a Management Agent	All of Section 7
3	Mortgagor owns building and land, and leases to Operator who holds the license. There is no Management Agent.	Nothing from Section 7
4	Mortgagor owns building and land, and leases to Operator. There is also a Management Agent.	Exhibits 7-4; 7-5; 7-6; 7-7; 7-8

- 12 - This consolidated certification is in addition to the form HUD-9839.
- 13 - If the regulatory entity that issues the license(s) does not allow application for license(s) at the time of Firm Application submission, in lieu of exhibit 10-2 B., HUD will accept a letter from the entity applying for the license(s), which covers the following: an explanation of the application process (with documented verification from licensing entity), identification of the entity that is anticipated to hold the license(s), and the number of beds that will be covered by the license(s).
- 14 - If the regulatory entity that issues the license(s) does not allow application for license(s) at the time of Firm Application submission, in lieu of exhibit 10-2 B., HUD will accept a letter from the entity applying for the license(s), which covers the following: an explanation of the application process (with documented verification from licensing entity), identification of the entity that is anticipated to hold the license(s), and the number of beds that will be covered by the license(s).
- 15 - Floodplain information is only required if the property is located in a 100- or 500-year floodplain. The 8-step process is not required for HUD's approval of a project site when only an incidental portion of the site is situated in an adjacent floodplain when: (i) The proposed construction and landscaping activities (except for minor grubbing, clearing of debris, pruning, sodding, seeding, etc.) do not occupy or modify the 100-year floodplain or the 500-year floodplain; (ii) appropriate



provision is made for site drainage; and (iii) a covenant or comparable restriction is placed on the property's continued use to preserve the floodplain.

~~16 - Professional liability insurance documentation requirements only apply to the insured party providing the coverage and exclude additional named insured parties.~~

~~17 - Floodplain information is only required if the property is located in a 100- or 500-year floodplain. The 8-step process is not required for HUD's approval of a project site when only an incidental portion of the site is situated in an adjacent floodplain when: (i) The proposed construction and landscaping activities (except for minor grubbing, clearing of debris, pruning, sodding, seeding, etc.) do not occupy or modify the 100-year floodplain or the 500-year floodplain; (ii) appropriate provision is made for site drainage; and (iii) a covenant or comparable restriction is placed on the property's continued use to preserve the floodplain.~~

~~18 - Actuarial study required if the entity utilizes self-insurance. If the entity utilizes commercial (3<sup>rd</sup> party) PLL, submit an actuarial study only if one has been previously completed.~~

~~19 - Actuarial study only required if the Insured participates in more than 50 healthcare facilities.~~

~~20 - Year-to-date statements: No more than 3 months can have expired since the closing date of the latest unaudited statement. No more than 6 months can have passed since the statements were audited by a CPA/IPA. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that financial statement.~~

~~21 - Fill in the year for the financial statements being provided. Business entities must submit financial statements and supporting documents for the lesser of the last 3 years or the length of existence. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that statement.~~

~~22 - Plans provided with the Firm Application must be complete and reflect the facility is ready to be built. Hard copies of the plans are not required; however, a PDF, electronic version must be provided. Division I of the specifications (which includes the wage decision and HUD-2554, Supplementary Conditions) must be provided in a PDF, electronic version with the application. Note that the Lender's Architectural Reviewer is still required to review the complete specifications.~~

~~23 - Provide documentation from the State licensing authority demonstrating that any required plan reviews have been completed. If the State is unwilling to prepare a letter, provide copies of review comments or a certification from the mortgagor's design architect that the appropriate reviews have been requested from the State.~~

~~24 - Form AIA A201 is the General Conditions and includes guidance within the document for a construction progress schedule. That guidance should be used to create the schedule.~~

~~25 - Provide evidence of the General Contractor's ability to obtain sufficient bonding or letters of credit. Sufficient assurance is as follows:~~

- ~~a) For non-elevator or three storystories or less elevator buildings where the cost of construction or rehabilitation is more than \$500,000, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit on BSPRA transactions. As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 15% of the HUD estimate of construction or rehabilitation cost.~~
- ~~b) For elevator buildings of 4 stories or more, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit on BSPRA transactions. As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 25% of HUD's estimate of construction or rehabilitation cost. The mortgagee may provide more stringent requirements.~~

~~26 - Refer to HUD Inspector and A&E Scopes of Work for guidance on building materials that can be stored offsite and for items required for approval of offsite storage of building materials.~~